

Youth Suicide: Awareness and Steps Toward Prevention

"Last year, an 18-year-old barricaded himself in a bathroom at his house, filled the bathtub with gasoline and set it on fire. Recently, a girl cut her wrist, scrawled 'Farewell' on a wall in her own blood and shot herself in the head. She was 15." (Downs 2001)

These deaths are part of a growing problem. Many Kansas communities are experiencing an increase in the number of youth they are losing to suicide. It was the ninth leading cause of death in the state in 1999, but ranked third in the 5- to 14-year-old age group and second among 15- to 24-year-olds, according to the most recent statistics compiled by the Kansas Department of Health and Environment.

Youth suicide is not easy to discuss: Myth suggests that talking about it causes it. The fact is, talking and recognizing risk potential help prevent suicidal behavior.

SOME FACTS ABOUT YOUTH SUICIDE

A National Youth Violence Prevention Resource Center report issued for 2001 found youth suicide to be a major public health problem.

- A large number of adolescents attempt suicide every year, but such attempts are difficult to count. They may not be treated in a hospital or doctor's office, or may not be recognized as self-inflicted injuries. However, 19.3 percent of high school students report having seriously considered suicide, 14.5 percent have planned to attempt suicide and 8.13 percent have attempted suicide (CDC 1999).
- Firearms are the most common method of suicide by youth: More than 60 percent of youth suicides in 1998 were firearm-related.

Kansas has had a significant upward shift in youth suicide death rates in the past two decades. The rate of death by suicide in the 15- to 24-year-old age group has escalated from 11.7 (1981-1985) to 15.4 (1994-1998) for every 100,000 youth in the state.

**– Kansas Department
of Health and Environment**

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- In the United States, more than four times as many young males die by suicide, but young females report more attempts. The gender difference is most likely due to differences in methods. Men are most likely to use firearms; women are more likely to ingest poisons (American Institute of Suicidology 2001).

Centers for Disease Control (1999) found:

- White males account for 61 percent of all suicides among youth 10 to 19, and white males and females totaled more than 74 percent of all youth suicides in 1998.
- The Native American male suicide rate (19.3 per 100,000) is very high compared to the overall rate for young males (8.5 per 100,000).
- The African-American young male suicide rate is increasing – more than doubling from 2.9 to 6.1 per 100,000 between 1981 and 1998.
- Male and female Hispanic students are more likely to report a suicide attempt than white students. Female Hispanic students were almost three times more likely than males to have reported a suicide attempt.
- Media may report that gay and lesbian youth are at a higher risk for suicide. In studies of sexual orientation as a suicide contributor, the risk did not appear any greater than among heterosexuals (National Institute of Mental Health 1999).

WHY MIGHT YOUTH CONSIDER SUICIDE?

Suicidal behavior may stem from feelings of helplessness. Teens who attempt suicide tend to be isolated. They withdraw from peers and from family communication.

Youth who are thinking of taking their own lives are likely to have many stressors: family problems (divorce, remarriage, death of family member, marital discord), school problems, peer problems (loss of friendships, dating issues) and other physical, mental or social challenges. The American Psychiatric Association (2001) reports that the strongest risk factors for attempted suicide among youth include depression, alcohol or drug abuse, and aggressive or disruptive behaviors.

POTENTIAL WARNING SIGNS

Youth sometimes go through a period of feeling down or withdrawing from friends and family as a normal part of development. However, be aware of warning signs, and notice whether other risk factors are building. The following list of warning signs is not in ranked order.

- Depressed mood.
- Substance abuse.
- Frequent episodes of running away, criminal activity or being incarcerated.
- Family loss or instability; significant problems with parents.
- Expressions of suicidal thoughts, or talk of death or the afterlife during moments of sadness or boredom.
- Withdrawal from friends and family.
- No interest in or enjoyment of activities that once were pleasurable.
- Unplanned pregnancy.
- Impulsive, aggressive behavior; frequent expressions of rage.
- Giving away prized possessions.

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After a period of sadness teens who are considering suicide may show a sudden lift in mood because they believe they have found a solution to their problem (The American Psychiatric Association 2001).

It can be difficult to know what to do when you know someone who is thinking of suicide. Research suggests that when teens consider taking their own life they do not seek the help of peers or peer helpers but often turn to a parent. Parents must not only know the warning signs, but also how to talk with the child and where to get help.

The American Association of Suicidology (2001) recommends the following:

- Be direct. Talk openly about suicide.
- Be willing to listen. Allow expression of feelings and accept them.
- Be non-judgmental. Do not debate whether suicide is right or wrong, or feelings are good or bad. Do not lecture on the value of life.
- Get involved. Become available. Show interest and support.
- Do not dare him or her to do it.
- Do not act shocked; it will put distance between you.
- Do not be sworn to secrecy. Seek help and support.
- Offer hope of possible alternatives.
- Take action. Remove means, such as guns or stockpiled pills.
- Get help from persons or agencies specializing in crisis intervention and suicide prevention, such as a community mental health center, counselor, mental health professional or clergy.

A National Suicide Help Line is available 24 hours a day by calling 1-800-SUICIDE. It provides a crisis line staff to talk with individuals who are thinking of suicide. The staff can dispatch emergency help if needed.

COMMUNITY ACTION

What can I do? Concerned individuals can mobilize the community to address the problem.

First, start talking with others about youth suicide. Begin by talking to groups that you already know or in which you are active. Offer the facts, and show your concern. See if youth and/or adults are interested in forming a group to study the problem.

Second, once a group is established it is time to take action. Follow these steps toward action:

- Estimate your community's needs, resources, gaps in services, and preparedness to address youth suicide (see the "Community Suicide Prevention Checklist").
- Develop a plan with research-based prevention strategies.
- Coordinate your community plan with local, state, and national partners and resources.
- Put your plan into action and evaluate its effectiveness. Did it meet the goal set? How can it be improved? What more needs to be done? Who else needs to be included in the effort?

What can you do to start talking about youth suicide in your community? • What initiatives already address this issue? • Are parents educated on risk factors and warning signs? • What else do you need to know to get started?

Resources

The American Academy of Child & Adolescent Psychiatry:
www.aacap.org

The American Association of Suicidology:
www.suicidology.org

The American Foundations for Suicide Prevention:
www.afsp.org

American Psychological Association: www.apa.org/psychnet

Suicide Prevention Advocacy Network: www.spanusa.org

National Institutes for Mental Health: www.nimh.gov

Suicide Information & Education Center: www.siec.ca

Web sites for teens

Warning Signs:

www.helping.apa.org/warningsigns/violence.html

www.teenanswer.org The ANSWER (Adolescents Never Suicide When Everyone Responds) Network is a collaborative community effort to develop and implement educational and skill building programs for all affected by teen suicide. The program is sponsored by The Mental Health Association of the Heartland in Kansas City, KS. Their site lists risk factors and warning signs of teen suicide, what to do if faced with the issue, and links to other resources. If you have questions or want further information, contact the association at 913-281-2221.

Recommended Readings

Bloch, D. (1999). Adolescent Suicide as a Public Health Threat. *Journal of Child and Adolescent Psychiatric Nursing*, 12, 26.

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McEvoy, M.L. (2000). *Preventing Youth Suicide: A Handbook for Educators and Human Service Professionals*. Learning Publications.

Williams, K. (1995). *A Parent's Guide fro Suicidal and Depressed Teens: Help for Recognizing If a Child Is in Crisis and What to Do About it*. Center City, MI: Halzedon.

Additional Resources

Jason Foundation's "Promise for Tomorrow": an educational packet on prevention of teen suicide. The program stresses positive peer support. The free package includes a video, interactive CD-ROM, promise cards/ bookmarks, with printed lesson materials on disk. To

order, call 1-888-881-2323, or find out more by visiting the Jason Foundation Web site at:
www.jasonfoundation.com.

Youth Suicide Prevention Programs: A Resource Guide from the National Center for Injury Prevention and Control. Available on the Web at:
www.cdc.gov/ncipc/pub-res/youthsui.htm
or contact the National Center for Injury Prevention and Control at 770-488-1506.

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Kansas Department of Health and Environment. *Suicides, Kansas, 1989-1998* [online]. Available: www.kdhe.state.ks.us/ches/Suicides8998.pdf (5-14-01).

National Institute of Mental Health. (1999). *Frequently Asked Questions About Suicide* [online]. Available: www.nimh.nih.gov/research/suicidefaq.cfm (5-14-01).

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